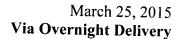
| i | STATE OF SO | OUTH CAR | CAROLINA) 2SS870 | | | | | | | | | |
|-------------------|---|---|-------------------|---------------------------|-----|--|------------------------------|------|---------------------------|--|--|--|
| (Caption of Case) | | | | | |) BEFORE THE) PUBLIC SERVICE COMMISSION) OF SOUTH CAROLINA | | | | | | |
| | | | | | |) C))) DOCKET) NUMBER: 26) | over 0/S_ | - 0 | TTER A | | | |
| | • | • | | | | | | | | | | |
| | • | 2650 Strickland Road, Suite 103-143 Raleigh, NC 27615 | | | | SC Bar Number: | | | | | | |
| 4 1 | dui ess. | | | | | . . | 919-841-4534 800-830-5093 | | | | | |
| | (Please type or print) Submitted by: L Address: 9 R NOTE: The cover shee as required by law. The filled out completely Emergency Relief X Other: Author INDUSTRY (Check Electric Electric Gas Electric Water Electric Water Electric Water Electric Water Gas Railroad Sewer Telecommunication Transportation | runeign, ive | leigh, IVC 27015 | | | Fax: Other: | | | | | | |
| _ | | | | | | | iennife | r@n | etworkclarity.com | | | |
| | Emergency Reli | D. | OC | CKETING INFORM | MA' | | ipply) | | | | | |
| II | NDUSTRY (Ch | eck one) | | NATU | JRE | OF ACTION (Check | all tha | t Ap | oply) | | | |
| | Electric | | Ē | | | | | | Request | | | |
| | Electric/Gas | | | Agreement | | Memorandum | | | Request for Certification | | | |
| | Electric/Telecor | nmunications | |] Answer | | Motion | | | Request for Investigation | | | |
| | Electric/Water | | | Appellate Review | | Objection | | П | Resale Agreement | | | |
| | Electric/Water/7 | elecom. | | Application | | Petition | | | Resale Amendment | | | |
| | | ewer | | Brief | | Petition for Reconsiderati | on | | Reservation Letter | | | |
| | | | | Certificate | | Petition for Rulemaking | | | Response | | | |
| | | | | Comments | | Petition for Rule to Show | Cause | | Response to Discovery | | | |
| | | | | Complaint | | Petition to Intervene | | | Return to Petition | | | |
| X _ | | ions | | Consent Order | | Petition to Intervene Out of | of Time | | Stipulation | | | |
| | _ | | | Discovery | | Prefiled Testimony | | | Subpoena | | | |
| | | | | Exhibit | | Promotion | | | Tariff | | | |
| | Water/Sewer | | | Expedited Consideration | | Proposed Order | | | Other: | | | |
| | Administrative N | 1atter | | Interconnection Agreement | | Protest | | | | | | |
| | Other: | | | Interconnection Amendment | | Publisher's Affidavit | | | | | | |
| | | | | Late-Filed Exhibit | X | Report | | | | | | |





2600 Maitland Center Pkwy.

Suite 300

Maitland, FL 32751

P.O. Drawer 200

Winter Park, FL

32790-0200

Tel: 407-740-8575

Fax: 407-740-0613

www.tminc.com

Clerk's Office South Carolina Public Service Commission 101 Executive Center Dr.

Columbia, SC 29210

RE: LMK Communications, LLC

SC Authorized Utility Representative

Dear Sir or Madam:

Enclosed please find a copy of the SC Authorized Utility Representative, filed on behalf of LMK Communications, LLC. No check is enclosed as there are no remittance fees due.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Tammie King

Compliance Reporting Specialist

cc: Jennifer Halsing - LMK Communications, LLC

file: LMK Communications, LLC - Reporting - South Carolina

TK/ca

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: [X]IXC [X]CLEC [] ILEC [] Wireless

| | | CERTIFICATED COMPAN | Y INFORMA | ATION | | | |
|--------|---|------------------------------|------------|--------------------------|---------|------------|-----------|
| LM | IK Communications, LLC | | | | | | |
| Coi | mpany Name | | | FEIN/55N 919-841-4534 | | | |
| Dba | a/fka | | | Telephone # | | <i>i</i> " | |
| 96 | 650 Strickland Road, Suite 103-14 | 3 | | · | | C | |
| Ma | iling Address | | | | | | |
| Ral | leigh, NC 27615 | | | | : 7 | 1 | 2 |
| City | y, State, Zip Code | | | | | i | |
| 920 | 09 Baileywick Rd, #203 | | | | 51. | 1 | |
| Bus | siness Location | | | | | | |
| _Ral | leigh, NC 27615 | | Wake | | 14 | ••• | 1. |
| City | y, State, Zip Code | | County | | | | |
| | ng Address: 2 Office Park Cou State, Zip Code: Columbia, S | | | | | | |
| ursuan | t to the Commission's rules | and regulations, print o | r type co | mpany contact | for the | follov | ving area |
| | Jennifer Halsing | | - | • | | | |
| A. | General Manager (Include Addre | ess if different than above) | | | | | |
| | 919-841-4534 | / 800-830-5093 | | fer@networkclari | v.com | | |
| _ | Telephone Number Jennifer Halsing | / Facsimile Number | / E-ma | ail Address | | · · · | |
| B. | Customer Relations/Complaint | ts Representative (Includ | | | | | |
| - | 919-841-4534 | / 800-830-5093 | | ifer@networkclar | ty.com | | |
| - | Telephone Number Jennifer Halsing | / Facsimile Number | | ail Address | | | |
| C1. | Customer Relations/Complaint | s Representative for Esc | alated Con | nplaints (Include | Address | s if diffe | erent |
| | than above) 919-841-4534 | / 800-830-5093 | / ienni | ifer@networkclari | tv.com | | |

C2. Customer Contact (Toll Free Number) **Carl Miller**

Telephone Number

1-877-925-2748

D. Engineering Operations (Include address if different than above)

919-841-4212 /919-841-4535 /carl@networkclarity.com

/ Facsimile Number

/ E-mail Address

Telephone Number / Facsimile Number / E-mail Address

Carl Miller

E. **Test and Repair** (Include address if different than above)

919-841-4212 /919-841-4535 /carl@networkclarity.com

Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)

877-925-2748 / 919-841-4535 / carl@networkclarity.com

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

| | Jennifer Halsing | | Asst. Secretary & Asst. Treasurer | | | | |
|----|--|---------------------------------------|--|--|--|--|--|
| G. | Regulatory Officer (Na | me & Title) | | | | | |
| | 9650 Strickland Road, Su | ite 103-143, Raleigh, NC 276 | 615 | | | | |
| | (Mailing Address) 919-841-4534 | / 800 830 5003 | Linear Control III | | | | |
| | Telephone Number | / 800-830-5093 / Facsimile Number | / jennifer@networkclarity.com | | | | |
| | • | / Facsimile Number | / E-mail Address | | | | |
| | Tammie King | | Compliance Reporting Specialist | | | | |
| 1. | Annual Report Mailings (N | · · · · · · · · · · · · · · · · · · · | | | | | |
| | P.O. Drawer 200, Winter Park, I | FL 32790-0200 | | | | | |
| | (Mailing Address) | | | | | | |
| | 407-740-8575 | 407-740-0613 | tking@tminc.com | | | | |
| | Telephone Number | / Facsimile Number | / E-mail Address | | | | |
| | Tammie King | | | | | | |
| | Dual Party Mailings (Name & Title) | | | | | | |
| | P.O. Drawer 200, Winter F | Park, FL 32790-0200 | | | | | |
| | (Mailing Address) | | | | | | |
| | 407-740-8575 | / 407-740-0613 | / tking@tminc.com | | | | |
| | Telephone Number | / Facsimile Number | / E-mail Address | | | | |
| | Tammie King | | Compliance Reporting Specialist | | | | |
| | Interim LEC Fund Mailings (Name & Title) | | | | | | |
| | P.O. Drawer 200, Winter F | Park, FL 32790-0200 | | | | | |
| | (Mailing Address) 407-740-8575 | / 407 740 0040 | /#: Ot : | | | | |
| | Telephone Number | / 407-740-0613 / Facsimile Number | / tking@tminc.com / E-mail Address | | | | |
| | • | / i acsimile (valide) | | | | | |
| | Tammie King Universal Service Fund N | Jailings (Nome 9 Title) | Compliance Reporting Specialist | | | | |
| | P.O. Drawer 200, Winter F | Park Fl 32790-0200 | | | | | |
| | (Mailing Address) | un, 12 027 30-0200 | | | | | |
| | 407-740-8575 | / 407-740-0613 | / tking@tminc.com | | | | |
| | Telephone Number | / Facsimile Number | / E-mail Address | | | | |
| | Tammie King | | Compliance Reporting Specialist | | | | |
| | Gross Receipts Mailings | (Name & Title) | Compilative Reporting Specialist | | | | |
| | P.O. Drawer 200, Winter P | ark, FL 32790-0200 | | | | | |
| | (Mailing Address) | | | | | | |
| | 407-740-8575 | / 407-740-0613 | / tking@tminc.com | | | | |
| | Telephone Number | / Facsimile Number | / E-mail Address | | | | |
| | Tammie King | | Compliance Reporting Specialist | | | | |
| l. | Lifeline Mailings (Name & Title) | | | | | | |
| | P.O. Drawer 200, Winter Park, F | L 32790-0200 | | | | | |
| | (Mailing Address) 407-740-8575 | / 407 740 0642 | / Alvin a Charles and a | | | | |
| | Telephone Number | / 407-740-0613 / Facsimile Number | / tking@tminc.com / E-ma[l Address | | | | |
| | | | | | | | |
| | | | TECHNOLOGIES MANAGEMENT INC | | | | |
| | This form was completed | l by | Signature BY SHARON THOMAS, CONSULTANT | | | | |
| | - | | 13-12-15 | | | | |
| | | | / 4~1//13 | | | | |

RETURN COMPLETED FORM TO:

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

<u>And</u>

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201